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-NEW YORK STATE BAR ADMISSION PENDING

PLEASE DELIVER THE FOLLOWING PAGES

TO : Commissioner for Patents

COMPANY/FIRM : USPTO

FACSIMILE NO. : 1-571-273-8300

FROM : Gary J. Gershik/Brian J. Amos

TOTAL NUMBER OF PAGES, INCLUDING COVER PAGE: 44

DATE : February 14, 2008 TIME: 4:00 PM

CLIENT/DOCKET: 0575/59154-AZ

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Re: U.S. Serial No. 10/705,644

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Docket No. 59154-AZ/JPW/GJG/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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Applicant(s): Virginia W. Cornish FEB 14 2008
 Serial No. : 10/705,644 Examiner: H.A. Robinson
 Filed : November 10, 2003 Group Art Unit: 1652
 For : AN IN VIVO SCREEN USING CHEMICAL INDUCERS OF DIMERIZATION

BY FACSIMILE

1-571-373-8300

Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450Date: February 14, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

| | Number after Amendment | Highest Number Previously Paid For ¹ | Number of Extra Claims Presented | RATE | | FEE | |
|--|--|---|----------------------------------|---------------------------|--------------|--------------|--------------|
| | | | | Small Entity | Other Entity | Small Entity | Other Entity |
| Total Claims | 19 - | * 23 = | *** 0 X | \$25 | \$50 | = | 0 |
| Independent Claims | 2 - | * * 3 = | *** 0 X | \$105 | \$210 | = | 0 |
| Multiple Dependent Claim(s) Presented For First Time | Yes <input checked="" type="checkbox"/> No | | | \$185 | \$370 | = | 0 |
| | | | | TOTAL ADDITIONAL FEE \$ 0 | | | |

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 30, write "30" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Virginia W. CornishSerial No. : 10/705,644Filed : November 10, 2003

Amendment Transmittal Letter

Page 2

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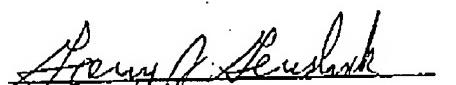
FEB 14 2008

The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter Return Receipt Postcard An Information Disclosure Statement, including Form PTO-1449(Copies of citations included: Yes No and a fee of \$ 180.00 included) A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time Other (identify): _____

_____THE TOTAL FEE DUE IS \$ 180.00. A check in the amount of \$ _____ is enclosed. Please charge Deposit Account No. 03-3125 in the amount of
\$ 180.00. The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows: Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White

Registration No. 28,678

Gary J. Gershik

Registration No. 39,992

Attorneys for Applicant(s)

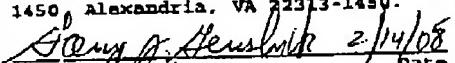
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Gary J. Gershik Date
Reg. No. 39,992

Docket No. 59154-AZ/JPW/GJG/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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Applicant(s) : Virginia W. Cornish FEB 14 2008
 Serial No. : 10/705,644 Examiner: H.A. Robinson
 Filed : November 10, 2003 Group Art Unit: 1652
 For : AN IN VIVO SCREEN USING CHEMICAL INDUCERS OF DIMERIZATION

BY FACSIMILE1-571-273-0300Date: February 14, 2008Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

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|---|------------------------|---|----------------------------------|---------------------------|--------------|--------------|--------------|
| | | | | Small Entity | Other Entity | Small Entity | Other Entity |
| Total Claims | <u>19</u> - | * <u>23</u> - | *** 0 x | \$25 | \$50 | = | 0 |
| Independent Claims | <u>2</u> | ** <u>3</u> = | *** 0 x | \$105 | \$210 | = | 0 |
| Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No | | | | \$185 | \$370 | = | 0 |
| | | | | TOTAL ADDITIONAL FEE \$ 0 | | | |

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